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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Lebanon

The Executive Director recommends that the Executive Board approve the country programme of Lebanon for the period 1992-1996 in the amount of $5 million from general resources, subject to the availability of funds, and $20 million in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. The year 1991 marked the return of peace to Lebanon after 16 years of brutal civil war. The climate of despair has for the most part been replaced by one of hope for a peaceful future as the process of national reconciliation and reconstruction takes root. The Taef Agreement has set the stage for constitutional changes and has empowered the Government to reassert central authority in much of the country. Nevertheless, with parts of the country still in conflict and the repercussions of regional peace negotiations still uncertain, a complete return to normalcy remains a long way off.

2. Lebanon's population has been estimated at 2.7 million, with a growth rate of 2 per cent per year. The civil war has resulted in dramatic rural-to-urban migration as large numbers of people have moved from conflict zones to areas of safety. Based on United Nations Population Division statistics, the rural population is now only 13 per cent of the total, down from 40 per cent in 1970. This urbanization has taken a heavy toll as the basic infrastructure, water and sanitation networks and housing have failed to keep pace with the rapid urban growth. It has also been estimated that 1.4 million Lebanese have been displaced during the war, of whom 800,000 permanently. An additional destructive byproduct of the war has been the massive emigration of skilled personnel. During the first 12 years, 650,000 people were estimated to have fled the country. In 1989-1990, a further 350,000 are believed to have left, and in recent years there has been a noticeable trend of young and well-educated professionals leaving.

3. The prolonged war has led to the decimation of the economy and the destruction of the economic infrastructure. A 1988 United Nations Development Programme (UNDP) study estimated per capita gross national product (GNP) at $1,260, down from $2,250 in 1975. The United Nations Statistical Office, however, estimates GNP per capita at $2,150 in 1989. At the household level, it is estimated that the average Lebanese salary has declined by over 76 per cent in real terms since 1976. At the same time, increases in the cost of food, medicines and education have been significant, leading to a growing number of families unable to afford the basic necessities of life.

4. Over the last 15 years, the Government has been unable to intervene on a national scale in the social sectors, leaving a void in terms of both health policy and on-the-ground service. The private sector now accounts for two thirds of primary health care (PHC) services and 92 per cent of hospital services. Health care at the district level in Lebanon is provided mainly by a disparate network of clinics and dispensaries run by more than 250 non-governmental organizations (NGOs), most operating independently. Similarly, the 109 governmental dispensaries operate with little coordination. It is estimated that 40 per cent of the population, primarily those without any form of insurance, receive care through this network. Eighty per cent of the Ministry of Health budget goes towards reimbursing private-sector hospital costs. These factors have resulted in high user costs, overdependence on the private sector, breakdown in the social security

safety net system and significant geographical disparities in access to and quality of services. Recent studies on basic services have found that it is precisely those areas least affected directly by the war that have the lowest access rates since emergency assistance was concentrated in the main conflict zones.

5. A 1990 Ministry of Health/UNICEF/World Health Organization (WHO) survey estimated the infant mortality rate (IMR) at 35 per 1,000 live births and the under-five mortality rate (U5MR) at 43 per 1,000 live births. While nationwide figures for infant and child mortality are relatively low in relation to other countries in the region, results indicate geographical disparities, with the north and Bekaa regions having significantly worse indicators. Recent information on the major causes of infant and child mortality is extremely limited, but selective studies suggest that acute respiratory infections (ARIs) (pneumonia), gastroenteritis, hepatitis, meningitis and vaccine-preventable diseases such as measles are the leading causes of death. Some of the identified underlying causes are low birth weight, inadequate access to health services, inadequate safe motherhood practices and education and age of the mother.

6. A 1991 UNICEF breast-feeding survey estimated the incidence of low birth weight at 9.5 per cent nationally, with 4 per cent in East Beirut and 10 per cent in West Beirut and the north. Micronutrient deficiency disorders are reported to be low, except for goitre, which is found primarily in the mountainous regions. The survey indicated that over 90 per cent of mothers were breast-feeding their latest child, but also revealed that only 13 per cent of mothers breast-feed exclusively for the first three months. Geographical disparities exist, with high breast-feeding rates in rural areas and significantly lower rates in urban areas.

7. The formal education system has been paralysed by the civil war. Gross enrolment in primary education is estimated to be between 70 and 80 per cent, with no indication of gender disparity. Recent Ministry of Education reports indicate that 35 schools have been totally destroyed, 49 partially destroyed, 46 occupied by displaced people and 290 are in need of some repair. Studies suggest that 50 per cent of teachers possess only an upper elementary level of education, and that only 26 per cent of teachers have received proper training. In response to urgent needs, the Government has had to contract 5,000 untrained teachers. Studies also indicate 20 to 30 per cent repeater rates and a 50 per cent drop-out rate. Low levels of teacher performance, outmoded teaching methods, irrelevant curricula and barriers to access posed by cost and geographical disparities further undermine the education system. Underlying those factors is the lack of a well-defined national policy on education and the growing gap between private and public school systems.

8. The general situation of women in Lebanon is among the best in the region. Nevertheless, early marriage and the excessive workload among rural women limit their participation in development. Family planning appears to be well accepted, but services are restricted mainly to the private sector, which limits access by the poor and rural communities. Urban hospital records indicate that maternal mortality rates are low, but geographical disparities

are expected owing to the limited availability of perinatal services in the Bekaa and the north. Generally, there are insufficient data on Lebanese women to have a clear and authoritative picture of their position in society. Obtaining this information is an urgent requirement for future programming.

9. Less visible than the damage to property, but no less tragic, has been the war's impact on Lebanon's children: psychological impairment; post-traumatic stress; loss of education and health services; abandonment; death of parents; and disability. For an entire generation of Lebanese children, war has been the only reality they have ever known. This generation of children's attitudes towards society, interpersonal relations and basic value systems and their outlook on life have all been profoundly and adversely affected by the violence and destruction that has been a constant part of their daily existence. The war has, in fact, rendered virtually all young Lebanese "children in especially difficult circumstances".

PROGRAMME COOPERATION, 1990-1991

10. Since the outbreak of war in 1975, UNICEF cooperation has been in the form of emergency assistance programmes. With the breakdown of the Government at the central level, recent activities were more often than not undertaken without the benefit of any overall plan or objective situation analysis other than those which UNICEF attempted to draw up under what can only be described as extremely difficult circumstances. During the last two emergency programmes of assistance, 1988-1991, activities were directed at maintaining immunization levels, ensuring the regular supply of essential drugs, repairing and extending the water supply network, improving the physical condition of primary schools and organizing peace camps.

Health

11. The essential drugs programme began in 1989 and over 700 dispensaries are currently supplied and their personnel trained three times a year in the rational use of essential drugs and in preventive health care. A nationwide storage, distribution and monitoring system has been developed. A manual of essential drugs for mothers and children has been prepared in Arabic and 2,500 copies have been distributed to physicians and health workers. More than 80,000 patients per month benefit from the services. Initial attempts at a cost-recovery programme were dropped owing to the resurgence of fighting and the dire economic situation. Preventive health-care services continued with vaccination, diarrhoeal disease case management and health education activities operating through the vast majority of dispensaries. The expanded programme on immunization (EPI) was launched in 1987 and channelled through a network of 560 fixed dispensaries and health centres and 15 mobile teams, covering the whole country.

12. A national survey carried out in February 1991 indicated coverage levels for children under one year old for both oral polio vaccine (OPV) and three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) at over

80 per cent. Measles coverage, however, was significantly lower, with only 39 per cent of infants being immunized by their first birthday. This is due in part to the absence of an agreed schedule as to when the antigens should be given. Recent advocacy efforts by UNICEF have resulted in the professional associations of doctors in Lebanon formally adopting the WHO/UNICEF-recommended schedule.

13. The control of diarrhoeal diseases (CDD) project started in 1989 and 24 training sessions have been held for over 750 health personnel and 480 doctors. In addition, over 300,000 sachets of oral rehydration salts (ORS) have been distributed to health facilities to ensure their availability at the local level. In order to increase mothers' knowledge, health messages on the prevention and treatment of diarrhoea and associated feeding practices have been broadcast regularly on radio and television. As part of the health information system, sentinel reporting stations have been established at eight dispensaries and seven hospitals.

14. In 1991, UNICEF and the American University of Beirut undertook a national breast-feeding survey, the results of which were presented at a national conference for the medical profession, academics, civil servants and politicians. This activity was reinforced by articles in medical journals. As a result, the promotion of breast-feeding and safe weaning practices is being integrated into the curricula of medical and nursing schools as a prelude to the promotion of "baby-friendly" environments in maternity wards and clinics. Another direct result of these activities was the passing of legislation to ban the free distribution of infant formula to maternity clinics and hospitals.

Water supply and sanitation

15. In the area of water supply and sanitation, major repairs were made to the Beirut water supply water system, including the rehabilitation and equipping of two deep wells to provide the main lines with additional capacity. Sizeable water supply projects were implemented outside the Beirut area in conflict zones and in regions with displaced populations. In addition, 62 water tanks were installed to supply an estimated population of 400,000 in the suburbs of Beirut. Over 7,000 sanitation cleaning kits were distributed to families and repairs of sanitary facilities were undertaken. UNICEF also developed an emergency response capacity to detect contamination in water supplies and to provide, as a temporary measure, water tanks and chlorine. This response capacity was used successfully to combat four major epidemics of water-borne diseases, including cholera in 1990, and has been instrumental in containing outbreaks in 1991. As an extension of this emergency work, a nationwide survey of water quality was undertaken, which resulted in an institutional agreement between the American University of Beirut and the National Research Council to provide water-quality monitoring services for the Ministries of Health and Hydraulic and Electrical Resources.

Education

16. The education-for-peace project has reached over 100,000 children since 1989 with the assistance of 240 NGOs. Aimed at teaching positive values and attitudes to children through active learning processes, the project has generated interest in Lebanon and elsewhere for its innovative approach. Although originally started without an active government partner, it has now been adopted by the Ministry of Education. The project involved the training of 5,000 young people as animators in basic leadership skills for promoting peace values. Another important initiative in non-formal education is the children's magazine Sawa. Sawa, which means literally "together", is designed to promote the themes of unity, hope and peace among its readers. Distributed through health dispensaries, 70,000 copies of each issue reach 8- to 12-year-olds throughout the country. So far, 13 issues have been distributed. A review of the content of the 35,000 letters received from young readers indicates that the magazine is achieving its objectives.

17. Past UNICEF involvement in basic education has focused primarily on developing the health education curriculum and related resource materials for primary schools. Since 1987, the project has produced numerous textbooks and training materials and provided training for 1,300 health educators and 80 supervisors. Six health education centres have also been established.

18. Because of the security situation in Lebanon formal evaluations of the emergency assistance programmes have not been undertaken, but a number of in-house informal reviews have permitted revisions to be made to the current programmes and the future direction of the country programme to be influenced. It has been evident that, despite the complex emergency, it is possible to plan and undertake development activities such as peace education. Social mobilization and advocacy to promote programmes for children have also proven to be effective even in conflict situations. Some important features of past cooperation to be incorporated in future activities include using NGO grass-roots delivery expertise and focusing on activities at the community and district levels to empower communities, increase their participation and ensure sustainability.

19. Emerging from a prolonged civil war, Lebanon's national priority is to assess the country's needs and to develop appropriate strategies and plans for reconstruction and rehabilitation. At the same time, the Government of Lebanon has ratified the United Nations Convention on the Rights of the Child and has signed the World Summit for Children Declaration and Plan of Action, thus recognizing the need to give due importance to children's issues in its reconstruction and development plans. With the agreement of the Council for Development and Reconstruction, UNICEF has worked with the Government to prepare a programme of cooperation designed to ensure that Lebanese children develop their intellectual, social and physical capacities as an integral part of rebuilding for peace. The needs and priorities of the programme were included in the report of the United Nations inter-agency needs assessment mission to Lebanon in July 1991.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: $ 5,000,000
Supplementary funding: $20,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Primary health care	2 200	4 450	6 650
Water supply and sanitation	1 000	6 200	7 200
Education	1 100	9 350	10 450
Planning, advocacy and evaluation	700	-	700
Total	5 000	20 000	25 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Programme goals and objectives

20. The 1992-1996 programme of cooperation aims to help the Government of Lebanon achieve the following goals and objectives: (a) to reduce IMR from 35 to 28 per 1,000 live births and U5MR from 43 to 34 per 1,000 live births by 1996; (b) to increase access by the rural and peri-urban population to safe drinking water and sanitary means of human excreta disposal; (c) to promote the creation of a lasting culture of peaceful coexistence and mutual understanding to replace the culture of war and violence; (d) to ensure universal access to a minimum level of basic education, including early childhood development, of a quality and content appropriate for the children of Lebanon; and (e) to plan, advocate and monitor progress towards the agreed goals for children in the 1990s.

Programme strategy

21. In all sectors where programme assistance is proposed, the following have been identified as being essential strategies: (a) the development of baseline data for planning interventions and the monitoring of their impact; (b) the empowerment of women by informing them how they can best meet the

development needs of themselves and their children; (c) the development of national capacity to plan and monitor social services for children and women; and (d) the promotion of inter-agency cooperation to maximize the value of private sector, non-governmental and external contributions towards the attainment of the 1990 goals for children. UNICEF will redirect assistance away from emergency interventions towards a more structured plan of cooperation.

Primary health care

22. The PHC programme will consist of five projects: essential drugs; maternal and child health (MCH); EPI; ARI; iodine deficiency disorders (IDD); and CDD.

23. The objective of the essential drugs project will be to provide the foundation for a community-based and self-sustaining system of PHC delivery. Essential drugs will be supplied initially free of charge pending the development of a cost-recovery system. Activities will include support to PHC policy development, training of PHC personnel, supply of essential drugs and equipment and monitoring and evaluation of services.

24. The MCH project will aim (a) to increase the number of prenatal and post-natal consultations for mothers to three and five, respectively; (b) to achieve a rate of 90 per cent of mothers breast-feeding in each district and increase the rate of exclusive breast-feeding for four months to 25 per cent; and (c) to establish a national growth-monitoring system for children under five years old. Activities will include the training of PHC personnel and the equipping of centres to increase access to and the quality of perinatal, family planning and referral services; and the promotion of breast-feeding, with emphasis on "baby-friendly" environments and implementation of the government regulations on infant formula, processed weaning foods and milk substitutes.

25. The EPI objectives will be (a) to achieve and maintain a coverage rate of 90 per cent for OPV/DPT3; (b) to increase measles vaccination coverage from 40 to 80 per cent of children under one year old by 1993; (c) to reduce measles-related U5MR from 3 to 1 per 1,000 children by 1996; (d) to eradicate poliomyelitis by 1996; and (e) to eliminate neonatal tetanus by 1996. Immunization will be fully integrated into the PHC delivery system. Advocacy will focus on adequate national budget & locations for immunization and the use of uniform immunization schedules.

26. The CDD project will aim at reducing the following: (a) diarrhoeal disease-related U5MR from 1.3 to less than 1 per 1,000 live births; (b) the incidence of diarrhoea in children under five years old from 3.6 episodes per annum to less than 3; and (c) the percentage of cases treated with anti-diarrhoeal drugs from 61 to 30 per cent. Training on diarrhoea prevention and case management will be given to PHC personnel, school health supervisors and education-for-peace animators.

27. A survey on the prevalence of IDD will be conducted in 1992 and an appropriate strategy for their elimination will be developed.

Water supply and sanitation

28. The objectives of the programme will be to ensure that 80 per cent of rural and peri-urban communities have access to a minimum of 60 litres of safe water per person per day and to sanitary means of human excreta disposal. Technical assistance will be given to build national capacity for the planning of water and sanitation activities and the development of appropriate low-cost excreta disposal systems. Support will be provided to rural and peri-urban communities where the available level of safe drinking water is below the programme target, where the beneficiary community is prepared to make a major investment in capital costs and where a formal agreement will be made between the community and the local water authority on the financing of recurrent costs. The extension of the water quality control system will build on the existing arrangement between UNICEF, the American University of Beirut and the National Research Council. Social mobilization, communication and interlinking with other programme components will be important.

Education

29. The education programme will comprise (a) education for peace; (b) primary education; and (c) early childhood education.

30. The objectives of the education-for-peace project will be (a) to involve over 75 per cent of 6- to 15-year-olds in education-for-peace activities by 1996; (b) to improve access to non-formal education for life-oriented skills; and (c) to equip all youth leaders, teachers and social workers with techniques to promote peace values and conflict resolution. The project will build on the established alliance of NGOs and their team of trained youth leaders to continue peace camps and community activities. The dissemination of knowledge and messages directly to children will continue through Sawa magazine. Activities will include the training of trainers, seminars and workshops, and the development and production of resource materials.

31. The objectives of the primary education project will be (a) to achieve a sustainable primary school enrolment rate of 95 per cent; (b) to ensure that over 90 per cent of children under 11 years old complete their primary education; (c) to reduce the number of unqualified staff in primary education from 50 to 25 per cent; and (d) to increase the relevance of primary school curricula to present needs. Advocacy activities will focus on compulsory completion of the primary education cycle. Training will be given to 200 teacher trainers, 5,000 primary school teachers and 865 school principals. Assistance will be given to incorporate life-oriented skills, peace values, health education, communication skills and environmental topics into primary school programmes.

32. Support will be given to innovative and appropriate low-cost family and community-based early childhood development activities. An educational package on health, nutrition and early childhood stimulation will be developed and disseminated through the community, institutions and the mass media. In addition, support will be given to selected NGOs for the production of Arabic language educational materials. Advocacy efforts will focus on the enactment of a well-defined policy for early childhood development with realistically enforceable standards for child-care institutions.

Planning, advocacy and evaluation

33. This programme aims to help the Government of Lebanon and other partners to undertake the planning, advocacy and assessment activities required to achieve the 1990 goals to which the Government has subscribed. Use will be made of both governmental and private national institutions for conducting essential national research to support programme development and implementation. Existing alliances with parliamentarians, religious leaders, NGOs and the mass media to promote the ethic of a "first call for children" will be reinforced.

34. Advocacy and social mobilization will be fully integrated into sectoral programmes where the target audience is the community. Over and above these activities, support will be given to the parliamentary committee that monitors implementation of the Convention on the Rights of the Child and progress towards the 1990 goals. Orientation will be provided to NGOs seeking to contribute to the development and execution of government policies and plans. This will include advocacy support to those NGOs working in specialized fields of assistance for children such as orphans and the handicapped.

35. Major evaluations of the peace education project and the PHC and water supply and sanitation programmes will be conducted before the mid-term review to be held in 1994.

Cooperation with other United Nations agencies

36. UNICEF will continue to cooperate with the United Nations agencies in Lebanon. Specific areas of cooperation with UNDP will include the coordination of efforts in the area of women's development, education for all, and water supply and environmental sanitation. With WHO, plans of action will be prepared jointly for areas related to child survival and health. UNICEF will cooperate with the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNDP and the World Bank in activities for achieving education for all in Lebanon by the year 2000. The United Nations Population Fund (UNFPA), WHO and UNICEF will jointly support safe motherhood practices and family health activities. UNICEF will cooperate with the Food and Agriculture Organization of the United Nations (FAO) and the World Food Programme (WFP) in the areas of child nutrition and food security. UNICEF will also meet regularly with bilateral agencies and national and international NGOs for exchanges of information and experience.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Lebanon (1990 and earlier years) UNICEF country classification

Under-five mortality rate	56	(1990)	Middle U5MR
Infant mortality rate	44	(1990)	Middle IMR
GNP per capita	$ 2150	(1987)	Upper-middle GNP
Total population	2701.0 Thousands	(1990)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	87	81	80	86
Infant deaths (under 1)	(thousands)	4	4	4	4
Under-five deaths	(thousands)	6	5	5	5
Under-five mortality rate (per 1,000 live births)		65	62	57	56
Infant mortality rate (under 1) (per 1,000 live births)		50	48	48	44

		About 1980	Most recent
Underweight children (under 5) (% weight for age)	Moderate & severe	..	..
	Severe	..	..
Babies with low birth weight (%, 1979/1983)		12	10
% of primary school children reaching final grade (1980)		66*	..

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980)		50*/ 40*/ 15*	../../..
Prevalence of wasting (%)		..	..
Prevalence of stunting (%)		..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1988)		121	125
Food production per capita index (Index 1979-1981=100, 1980/1990)		..	..
Household expenditure (% of total income, 1980-1985)	All food/cereals		../..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1988-1989)			10
Access to health services (% of population)	Total	..	..
	Urban/rural	.. /..	../..
Access to safe water (% of population, 1980)	Total	92*	..
	Urban/rural	95*/85*	../..
Access to adequate sanitation (% of population)	Total	..	..
	Urban/rural	.. /..	../ ..
Births attended by trained personnel (%)		..	..
Maternal mortality rate (per 100,000 live births)		..	..

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	..	4	..
	DPT	..	60	82
	Polio	..	60	82
	Measles	..	23	39
Pregnant women (%) immunized against	Tetanus	..	..	..

/...

TABLE 1 (continued)

Lebanon

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	111 / ..	125/ ..
(%, 1980/1986)	Male	.. / ..	105/ ..
	Female	.. / ..	95/ ..
Secondary enrolment ratio (gross/net)	Total	59 / ..	66/ ..
(%, 1980/1986)	Male	.. / ..	57/ ..
	Female	.. / ..	56/ ..
Adult literacy rate, 15 years & older	Total	69a	80
(%, 1970/1990)	Male/female	79a/ 58a	88/ 73
Radio/television sets			
(per 1,000 population, 1980/1988)		749 /281	773/302

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Thousands)	2469.0	2669.0	2668.0	2701.0	3327.0
Population aged 0-15 years	(Thousands)	..	1138.4	1067.6	1032.5	1251.8
Population aged 0-4 years	(Thousands)	..	345.2	342.1	383.8	405.1
Urban population (% of total)		59	76	80	84	87
Life expectancy at birth	Total	64	65	65	66	69
(years)	Male	62	63	63	64	67
	Female	66	67	67	68	71
Total fertility rate		5.5	4.0	3.8	3.6	2.9
Crude birth rate (per 1,000 population)		35	30	31	31	25
Crude death rate (per 1,000 population)		11	9	9	8	7

		About 1980	Most recent
Contraceptive prevalence rate		55	..
(%, 1971)			
Population annual growth rate	Total	1.6	0.1
(%, 1965-1980/1980-1990)	Urban	4.6	1.1

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		..	..
(%, 1965-1980)			
Inflation rate (%, 1965-1980)		9	..
Population in absolute poverty	Urban/rural	../..	../ ..
(%)			
Household income share	Top 20%/bottom 40%	../ ..	../ ..
(%)			
Government expenditure	Health/education	../ ..	../ ..
(% of total expenditure)	Defence	..	..
Household expenditure	Health/education		../..
(% of total income)			
Official development assistance:	US$ millions	237	132
(1980/1989)	As % of GNP	..	..
Debt service			
(% of goods & services exports)		..	..

a/ Aged 10+.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990-1991

(In thousands of United States dollars)

COUNTRY: LEBANON
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $1,000,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	438	1293	8	45	173	234	218	167	837	1739	2576
Water supply and sanitation	8	208			18	18		701	26	927	953
Education	125	55	65	153	147	167	150	804	487	1179	1666
Emergency		43								43	43
GRAND TOTAL	571	1599	73	198	338	419	368	1672	1350	3888	5238

GR = General resources.
FSF = Funded supplementary funding.

TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: LEBANON Period covered: 1992-1996	Funding status	1992	1993	1994	1995	1996	Total
Health	GR	440	440	440	440	440	2200
	FSF	253					253
	NSF	890	890	890	890	890	4450
Water supply and sanitation	GR	200	200	200	200	200	1000
	NSF	1240	1240	1240	1240	1240	6200
Education	GR	220	220	220	220	220	1100
	FSF	210					210
	NSF	1870	1870	1870	1870	1870	9350
Planning, advocacy and evaluation	GR	140	140	140	140	140	700
TOTAL	GR	1000	1000	1000	1000	1000	5000
	FSF	463					463
	NSF	4000	4000	4000	4000	4000	20000
GRAND TOTAL		5463	5000	5000	5000	5000	25463

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: LEBANON	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET:		
International Professional established posts	1	252
Local national Professional and General Service established posts	8	228
Operating costs		337
Total	9	817
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	1	226
Supplementary funds		
Local national Professional and General Serv ce project posts		
General resources	15	377
Supplementary funds	31	879
Total	47	1482

a/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.